



Missouri Pharmacy Program – Preferred Drug List



Ophthalmic Prostaglandin Agonists

Effective 05/03/2006

Revised 07/09/2015

Preferred Agents

- Latanoprost
- Travatan®
- Travatan-Z®
- **Simbrinza®**

Non-Preferred Agents

- Lumigan®
- Rescula®
- Travoprost
- Xalatan®
- Zioptan®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none">• Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents<ul style="list-style-type: none">○ Documented trial period for preferred agents○ Documented ADE/ADR to preferred agents	Lack of adequate trial on required preferred agents
<ul style="list-style-type: none">• Documented compliance on current therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030